


# Retail Food Inspection Report

Floyd County Health Department

Telephone (812) 948-4726

<b>Establishment Name</b> SEEDS AND GREENS	<b>Telephone Number</b> Est 812-944-3800 Own 812-948-3800	<b>Date of Inspection</b> 01/27/2022	<b>ID#</b>		
<b>Address</b> 207 W 1ST STREET, NEW ALBANY IN 47150					
<b>Owner</b> STACEY FREIBERT	<b>Purpose</b> <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	<b>Follow Up</b>	<b>Released</b> 02/06/2022		
<b>Owner's Address</b> 207 W 1ST STREET NEW ALBANY, IN 47150-		<b>Menu Type</b> 1 _ 2 _ 3 <u>X</u> 4 _ 5 _			
<b>Person in Charge</b> STACEY FREIBERT					
<b>Responsible Person's Email</b> FREIBERT@BELLSOUTH.NET					
<b>Certified Food Handler</b> STACEY FREIBERT					
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE COLUMN MARKED AS "R"					
<b>Section #</b>	<b>C</b>	<b>NC</b>	<b>R</b>	<b>Narrative</b>	<b>To Be Corrected</b>
<b>Summary of Violations</b> C ____ NC ____ R ____					
Received by (name and title printed): STACEY FREIBERT			Inspected by (name and title printed): Christa Manus EHS		
Received by (signature):			Inspected by (signature): 		
cc:		cc:		cc:	